

**APPLICATION DATA SHEET**

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|--------------------------------|----|---|
| <b>Application Information</b> |    |   |
| Title                          | :: | ONE PIECE DENTAL IMPLANT AND USE THEREOF IN PROSTODONTIC AND ORTHODONTIC APPLICATIONS |
| Suggested Classification       | :: |   |
| Total Drawing Sheets           | :: | TEN   |
| Attorney Docket Number         | :: | 100861-6 (KGB)  |
| Applicant Type                 | :: | Utility   |
| Small Entity                   | :: | YES   |
| Suggested Tech. Center         | :: |   |
| Request for Early Publication? | :: | No  |
| Request for Non-Publication?   | :: | No  |
| Secrecy Order in Parent Appl.  | :: |   |

|   |    |                    |
|---|----|--------------------|
| <b>First or Sole Inventor Information</b> |    |                    |
| Given Name                                | :: | RONALD A.          |
| Family Name                               | :: | BULARD             |
| Mailing Address                           | :: | 2405 Oak Hollow W. |
| City                                      | :: | Ardmore            |
| State or Province                         | :: | Oklahoma           |
| Postal or Zip Code                        | :: | 73401              |
| City of Residence                         | :: | Ardmore            |
| State or Prov. of Residence               | :: | Oklahoma           |
| Country of Residence                      | :: | USA                |
| Citizenship Country                       | :: | US                 |

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|                                    |    |                      |
|------------------------------------|----|----------------------|
| <b>Second Inventor Information</b> |    |                      |
| Given Name                         | :: | STEPHEN J.           |
| Family Name                        | :: | HARDWIN              |
| Mailing Address                    | :: | 1606 Rosedale Street |
| City                               | :: | Ardmore              |
| State or Province                  | :: | Oklahoma             |
| Postal or Zip Code                 | :: | 73401                |
| City of Residence                  | :: | Ardmore              |
| State or Prov. of Residence        | :: | Oklahoma             |
| Country of Residence               | :: | USA                  |
| Citizenship Country                | :: | USA                  |

|                                   |    |   |
|-----------------------------------|----|---|
| <b>Correspondence Information</b> |    |   |
| Name                              | :: | Kurt G. Briscoe                           |
| Name                              | :: | Norris, McLaughlin & Marcus P.A.          |
| Address                           | :: | 875 Third Avenue – 18 <sup>th</sup> Floor |
| City                              | :: | New York                                  |
| State or Province                 | :: | New York                                  |
| Postal or Zip Code                | :: | 10022                                     |
| Telephone Number                  | :: | 212-808-0700                              |
| Fax Number                        | :: | 212-808-0844                              |
| Electronic Mail                   | :: | kgbriscoe@nmmlaw.com                      |

|                                   |    |        |
|-----------------------------------|----|--------|
| <b>Representative Information</b> |    |        |
| Registration Number               | :: | 33,141 |
| Customer No.                      | :: | 27384  |

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| <b>Domestic Priority Information</b> |    |                   |
|--------------------------------------|----|-------------------|
| Application No.                      | :: | 60/464,958        |
| Filing Date                          | :: | April 23, 2003    |
| Application No.                      | :: | 60/532,385        |
| Filing Date                          | :: | December 26, 2003 |

| <b>Foreign Priority Information</b> |    |      |
|-------------------------------------|----|------|
| Application No.                     | :: | None |
| Filing Date                         | :: |      |
| Country                             | :: |      |
| Priority Claimed                    | :: |      |

| <b>Assignee Information</b> |    |  |
|-----------------------------|----|--|
| Name of Assignee            | :: |  |
| Address                     | :: |  |
| City                        | :: |  |
| State or Province           | :: |  |
| Country                     | :: |  |
| Postal or Zip Code          | :: |  |